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SPECIAL-DUTY NURSES

By ANNIE H. ROSS

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MANY nurses prefer hospital duty, but private nurses do not often prefer the special hospital case. Why this should be puzzles the doctor, and, no doubt, often puzzles the nurse. With modern appliances and facilities for work the hospital should recommend itself to the nurse who is accustomed to working under difficulties.

There are many reasons for this unpopularity, not a few the fault of the nurses themselves. The hospital is not the familiar place to the private nurse that it was when she was in training, and she is apt to forget that in the hurry and worry of hospital work there is barely time for every-day courtesies, that her present position requires that just enough discipline be maintained to prevent the freedom of the home, and just enough freedom to prevent the *esprit de corps* of the staff nurses. Too often there have been instances in which the hospital nurses have been careless or thoughtless of the comfort of the private nurses among them. Many institution nurses have no knowledge of private work, and are apt to forget that while private nursing requires a special kind of skill, it is not necessarily of an inferior kind. Such thoughtlessness must surely depend upon the individual, and whatever has been, any lack of uniformity of training must rapidly disappear when one standard is established for all training-schools.

There are also many little disadvantages and discomforts which are peculiar to individual hospitals, and are perhaps difficult to remedy. Since no provision is usually made for extra nurses, often accommodation is but large enough for the regular staff. For instance, unless the patient provides a private room for the nurse, she must, perforce, either dress in her patient's room or in a bathroom which is constantly in use. The only other alternative is to use any private room which happens to be empty. This is not always safe, as those nurses will agree who once entered a supposedly empty room in the different *négligé* of wrappers, night uniforms, etc., and surprised a doctor who had spent the night there to be near a critical case. Again, the nurse cannot arrange her time off duty. If she is relieved at all, it is only when someone on the staff has time to relieve her. The hours of duty are much longer, night specials in many hospitals being kept on duty eighteen hours. Many hospitals too have their own rates, often much lower than what is generally paid in private nursing.

Of course, some hospitals do these things better; and in hospitals where there is plenty of room and many private nurses are employed provision is made for them, and they are as much of an institution as the regular training-school.

CHILDREN AND THEIR TEETH

By ALICE M. STEEVES, D.D.S.

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SECOND PAPER

"CLEANLINESS is next to Godliness;" "A thing of beauty is a joy forever." Two sayings especially applicable to the oral cleanliness and facial contour of children.

No matter how sweet-mannered and prettily dressed a child of ten or fifteen years of age may be, if the faintest smile reveals a row of badly kept, uneven teeth, with cavities filled with the products of decomposition, laden with the germs of tuberculosis, diphtheria, and scarlet fever (three of the contagious diseases most fatal to the youth of our land), waiting for the time when the little patient may be reduced in bodily vigor to enable them to run their life course in a well-developed case of the disease, we can feel for them only disgust and pity.

It is a well-proven fact that tuberculosis of the glands of the neck is often due to the neglect of the lower molar teeth. The cavities harbor the germs, which lose no time in finding their way down the undeveloped root canals to the glands of the neck. Therefore how many almost irreparable evils result from a little neglect,—a deformed face, impaired digestion with all the consequent nervous accompaniments, a system infected with that dread disease, tuberculosis? And if the child recovers its health, it is only after much suffering, a surgical operation, and a scar on the side of the face as a souvenir.

And what can we do to teach mothers the serious results of the crowded condition of the teeth found in so many instances?

It causes a narrowing of the face, a contracting of the nasal passages, which results in mouth breathing. These conditions aid catarrh and enlarged tonsils.

All these conditions are often present in one child, and part of them in ninety per cent. of all the children in our country.